



Impact of Obesity on the State of Michigan

In 2020, Michigan ranked **16th** among states with the worst rates of obesity with **35.2% of adults experiencing obesity** (1). Overweight and obesity are the second leading cause of death nationally, and a leading cause of other health conditions such as Type 2 Diabetes, heart disease, and cancer (2).

Obesity may triple the risk of COVID hospitalization (3). People of color and people with lower income experience higher rates of obesity with total costs related to obesity in Michigan estimated to be \$58.8 billion (4,5). Medicaid provides insurance coverage to one in five adults, or approximately 1.5 million adults in Michigan with obesity (6).

Role of Anti-Obesity Medications in Treatment

Obesity is a chronic disease with many causes, including hormones and metabolism, the environment, processed foods, stress and sleep dysregulation (7). As a result, 'one size fits all' advice to eat less and exercise more can fail to help the majority of people with obesity. Expert guidelines recommend developing an individualized plan for each patient. People with mild obesity and no obesity-related chronic diseases may be treated with intensive behavioral and lifestyle interventions. People with severe obesity and comorbidities like Type 2 Diabetes, sleep apnea, or fatty liver disease may also be prescribed anti-obesity medications and / or weight loss surgery (8).

Treating obesity improves other chronic diseases. Weight loss of 5-15% can prevent, control, or even reverse conditions like Type 2 Diabetes, high blood pressure, high cholesterol, sleep apnea, acid reflux and osteoarthritis (2,9). Although **FDA-approved anti-obesity medications can help achieve 5-15% weight loss**, they are underutilized. In one study, only 1.3% of eligible patients received an anti-obesity medication prescription (10).

Bariatric surgery leads to more weight loss than current medications. Michigan Medicaid covers weight loss surgery for approved beneficiaries. Up to 25% of individuals who undergo bariatric surgery will experience weight regain. Anti-obesity medications can prevent and treat post-surgical weight regain (11).

Advocacy Leads to Michigan Medicaid Coverage

As of 2022, only fifteen state Medicaid programs covered anti-obesity medications (12). Private insurance plan coverage of medications is variable and out-of-pocket payments for patients can be very high. In 2021, the Michigan Pharmaceutical Product List (MPPL) did not contain a therapeutic class for anti-obesity medications and no generic or branded anti-obesity medication was covered on the Michigan Preferred Drug List (PDL).

We submitted a public request for inclusion of six FDA-approved medications to the Michigan Preferred Drug List (PDL) in September 2021 (13). The Michigan Pharmacy and Therapeutics Committee subsequently approved inclusion of anti-obesity medications with prior authorization requirements as of February 1, 2022 (14). The approved policy includes specific prior authorization criteria for coverage for people with obesity (BMI > 30 kg/mg²) and people with overweight (BMI ≥ 27 and <30) with a weight related risk factor including hypertension, coronary artery disease, Type 2 Diabetes, dyslipidemia, or sleep apnea.

Michigan Medicaid now covers anti-obesity medications, but barriers stand in the way of patient access to evidence-based treatment.



Addressing obesity bias and medication underuse:

Intensive lifestyle interventions alone can lead to 2-5% weight loss. Historically, clinician bias that obesity is caused by over-eating and lack of exercise has led to underuse of medications. Now we know obesity is a chronic disease caused by metabolic and hormonal changes that are best treated by medications and surgery. Most physicians-in-training do not learn about anti-obesity medications. Continuing education and quality improvement efforts are needed for prescribers to optimize medication usage. The Michigan Collaborative for Type 2 Diabetes ([MCT2D](#)) provided a free [Overview of Anti-Obesity Medications for clinician education](#).



Personalizing nutrition counseling as part of a patient-centered treatment plan:

MDHHS recommends a "calorie and fat restricted diet." However, prior studies demonstrate that a variety of eating plans are effective for weight management. Clinical practice guidelines, including the American Diabetes Association and Obesity Medicine Association support individualized choice of eating plans as effective for obesity treatment and improved metabolism when combined with caloric restriction.



Innovating obesity treatment models in primary care and safety net clinics.

Most health systems do not have adequate access to obesity medicine specialists. Embedding primary care physicians with additional [American Board of Obesity Medicine \(ABOM\) certification](#) into primary care offices is a novel approach to build capacity for primary care based obesity treatment.

ABOM-certified physicians can optimize referrals to community and specialty treatment centers, initiate medications, and recommend comprehensive lifestyle plans. Ongoing research into this model by Dr. Amal Othman, Dr. Andrew Kraftson, and Dr. Dina Griauzde and their team at the University of Michigan will provide new insights into effective implementation models for obesity treatment. These researchers have developed a new model for obesity care called the [Weight Navigation Program](#).

Our research:

Griauzde, D. H., Othman, A., Dallas, C., Oshman, L., Gabison, J., Markel, D. S., Richardson, C. R., Kullgren, J. T., Piatt, G., Heisler, M., Kilbourne, A. M., & Kraftson, A. (2022). Developing weight navigation program to support personalized and effective obesity management in primary care settings: protocol for a quality improvement program with an embedded single-arm pilot study. *Primary health care research & development*, 23, e14. <https://doi.org/10.1017/S1463423621000906>

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Icons from Noun Project.

Authors

[Lauren Oshman MD MPH](#)

Department of Family Medicine

[Dina Griauzde MD MSc](#)

Department of Internal Medicine

University of Michigan Medical School

Weight Navigation Program,
Michigan Medicine

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TO VIEW THE BRIEF, VISIT:

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For more information, contact dhafez@med.umich.edu

The Regents of the University of Michigan

Jordan B. Acker, Huntington Woods

Michael J. Behm, Grand Blanc

Mark J. Bernstein, Ann Arbor

Paul W. Brown, Ann Arbor

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